

**Courses**

**Application for grant support from the District Advance Fund**

Applications for course fees can be considered throughout the year.

**Applicant Details:**

|  |  |
| --- | --- |
| **Name of person wanting to do course:** | **Position of person in Church/Circuit:** |
| **Circuit Name:**  17/ | **Church:** |
| **Correspondent Name (if different from above):** | **Position held:** |
| **Address:** | |
| **Tel. No.** | **Email:** |

**Course Details:**

|  |  |  |
| --- | --- | --- |
| **Title of Course:** | | |
| **Organisation running course:** | | |
| **Subject of Course:** | | |
| **Venue:** | **For District Use**: | |
| **Date of Course:** | Amount approved: | |
| **Duration of Course:** | Date Advised: | Release Date: |

**1. How will this course benefit you?**

**2. How will this course benefit your church/circuit?**

**Grant Request**

|  |  |  |
| --- | --- | --- |
| Total cost of the course | | £ |
| Are your church/circuit contributing to the course fee?  If yes, enter amounts | Church: | £ |
| Circuit: | £ |
| Are you contributing to the course fee personally? | | £ |
| Amount of DAF Grant Requested | | £ |
| Date grant required: | | |

Is there any other information relevant to this application?

**Declaration**

I approve the above applicant for the aforementioned course.

Signed: ……………………………………………………………………….. Superintendent

Date: ……………………………………..

**Submission of Application**

When completed please email this form and all the attachments to the District Grants Officer at

[**jennifer.matthews@methodist.org.uk**](mailto:jennifer.matthews@methodist.org.uk)

*(Please note that we are unable to accept applications on paper. If you need help with scanning or emailing then please speak to your circuit administrator for help with this).*

**Payment Details**

Grants will be paid direct to the Course Administrator not to the individual applicant. Therefore, please either attach the invoice or provide the necessary bank details.

|  |  |
| --- | --- |
| Name of Course Administrator/Organisation: | Email Address of Course Administrator: |
| Address of Course Administrator/Organisation: | |
| Bank/Building Society Name: | Branch Name: |
| Address: | Sort Code No. |
| Account Name: | Account Number: |